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THE ASSOCIATION OF THE COLLEGES.

Every indication promises success for the Association of the Medical Colleges. The resolutions adopted by the Provisional Association at Philadelphia in June have been widely circulated through the medium of the medical press, and the comments they have received have generally been most favorable. In only one important quarter have they been criticised adversely. The Philadelphia Times was disappointed that more decisive action was not taken, but will certainly be ready to indorse measures of a proper severity. We, too, felt that a little lynch-law would not have been unacceptable, but we are convinced now that the Provisional Association acted wisely in the matters before them. They did all they could in foreshadowing the policy of the Permanent Association toward delinquents—to use a very mild phrase for these gentlemen.

There is no more encouraging sign of the power of the Association of the Colleges than the attempts made by these delinquents to write it down. They feel that a tribunal is at length coming into existence before which they can not stand. The last year of grace is left to them. They know, if their desperate effort to prevent another meeting of the Association fails, there are but two courses open to them—to cease their evil-doings and essay the novelty of a virtuous life, or break with the name of decency as they have with its substance, and seek "the desolate freedom of the wild ass."

Another hopeful sign for the Association is the indorsement of its action by schools which did not take part in it. Prominent among these are the schools at Charleston

and Richmond. It is especially gratifying to read the hearty indorsement of the latter college. We are curious to see how the Societies for the Propagation of Bogus Beneficiaries will interpret its action. It has been a mainstay with them to create the impression that the action of the Association was aimed against the University of Virginia. If it had been, it would hardly have been indorsed at Richmond.

Now that the fall sessions are about to open and meetings of the faculties to be of general occurrence, we may hope to hear of "indorsements" along the whole line of colleges, and the next meeting of the Association will be clothed with plenary powers to deal finally with the recusants. Surely it is a consummation to be wished. They are not only bringing the profession into disgrace, but are doing great mischief to many innocent young men whom they have deluded into their snares. It will not be a pleasant matter for these to look back in after-life upon an *alma mater* tabooed from decent society; and it will be poor consolation for them to think they had been victimized into becoming members of its fold.

The resolutions passed by the Provisional Association are as follows:

Whereas, The practice of reducing or remitting in individual cases the established fees of a college has the objectionable feature of discriminating between students who may be equally deserving, and opening the door to possible gross abuses; therefore

Resolved, That this convention regards the above privilege as one to be deprecated in general, and if put into practice at all, to be exercised both rarely and reluctantly, and only in unusual circumstances, and after *unsolicited* application by proven deserving candidates.

Resolved, That any thing like a wholesale system of such reduction or remission of established fees, or

any open solicitation of recipients of such favors, be regarded as in the highest degree improper, and that any college indulging in such practices deserves to forfeit its place on the *ad eundem* list of medical colleges.

Resolved, That it is the opinion of this convention that no two consecutive sets of lecture tickets shall be regarded as fulfilling the usual prerequisites of instruction for graduation, where the time between the beginning of the first course and the end of the second is less than fifteen months.

Resolved, That no medical faculty should issue a diploma not bearing the graduate's name.

Resolved, That in the hope of inducing students to prolong and systematize their studies this convention recommends to all medical colleges to offer to students the option of three courses of lectures, after a plan similar to the following: Students who have attended two full courses of lectures on anatomy, chemistry, materia medica, and physiology, may be examined upon any of these subjects at the end of their second course. During their third course such students may devote themselves to the lectures upon the theory and practice of medicine, surgery, obstetrics, and diseases of women and children, upon which subjects only they shall be examined at the final examination for the degree of M. D.; their standing, however, to be determined by the results of both examinations.

Original.

CHOLERA INFANTUM.

BY J. L. COOK, M. D.*

More than any other disease this is being discussed to-day in the medical journals of the country. Every one has his pet theories with regard to its nomenclature, its causes, its pathology, and its treatment. Some limit the malady to those acute attacks of vomiting and purging which frequently run into collapse and end in death in a few hours; others include indigestion, enteritis, colitis, or enterocolitis; but it makes little difference as to names if we understand the nature of the disease and the mode of its relief. The idea recently seems to prevail that we must discard all other conditions as indicating summer complaints, save that form which more particularly resembles cholera; but

*Views advanced before the Henderson Medical Club.

such an assumption, we think, has no foundation in fact.

Let us scrutinize this point for a moment. If one will but examine the books on the subject, he will observe that the alarming vomiting and purging which Smith and others contend is the real disease in question—that what they so urgently persist in calling cholera infantum—is simply cholera morbus in an infant. So, if they insist on being entirely accurate, let them say sporadic cholera, and erase from the nomenclature a name which is applied to children, though the same disease is also common to grown people.

Although this acute form of the disease is very grave, no one, we think, will claim that it is the same as Asiatic cholera; therefore we will present no needless argument against that position.

We consider Flint's article on this subject so clear and satisfactory that no more extended remarks pertaining to this branch of complaint will be offered on this occasion; but we will proceed at once to offer some views which relate to treatment.

Having in the last few months read carefully several articles on cholera infantum in which the practice of the authors is so at variance with our own, we give some views, which may be taken for what they are worth.

The prominent thought brought forward is to arrest the discharges from the bowels. To accomplish this end astringents enter largely into the treatment; and it is against this sort of practice we propose to enter a protest. Now, it is conceded on all hands that in the active character of the disease of which mention has already been made there is merely functional disturbance, and no pathological changes—in other words, the vomiting and purging are *symptoms* which kill—therefore we must treat the symptoms promptly and heroically, if it is deemed necessary. Here opiates in full and repeated doses are demanded by the mouth, and, may be, hypodermically. If medicine be ejected from the stomach, it will be our imperative duty to throw morphia under the skin of a child even but a few months old.

This plan will generally succeed; and here it is we do not object specially to astringents, but it is when the bowels become inflamed that in our opinion they may often do much mischief. When there is enteritis or colitis, or both combined, the pathological state is more or less ignored, and all efforts are apparently directed to checking the discharges from the bowels. For this purpose sugar of lead, kino, and the mineral astringents take the lead. The number of operations when the disease is thus advanced do not destroy the patient; but the inflammation on which the discharges depend kills the little ones. Then it is worse than useless to treat the symptom—loose discharges—instead of that which induces the evacuations; namely, the inflammation.

Some time ago we had occasion to recover our house, and one of the workmen was very much annoyed by the smoke; so he took some shingles and completely covered the top of the chimney, and you can imagine what went on below. So you may take an infant with colitis and bind up its bowels, so to speak, with astringents, but the inflammation is not subdued, though in all probability it will be increased. In the first instance we put out the fire below, and the workman was not harassed any longer with the smoke. In the other we must put out the destructive processes of inflammation, and its evil results also will cease. The old-time way of treating colitis was to give astringents, and consequently the secretions were pent up in the bowels, and caused the patients to have their fever aggravated, with all the dangerous consequences to the functions as well as the structures of the body. The modern idea is to give saline laxatives to promote free discharges, and the inflammation will be relieved. Opium can not be too highly recommended to allay pain, and establishes resolution, and should be used with the salines. When one administers local astringents to diminish the number of operations from the bowels in this disease when there is inflammation of the mucous membrane, then in our opinion they will do harm,

unless there is no fever and the disease is of long duration. But, on the other hand, quinine to lessen the capacity of the capillaries in the inflamed part, to prevent the migration and multiplication of the colorless corpuscles, and to lower febrile heat, would be rational and, above all, successful treatment. And while here we will state that we have great respect for the opinions of Prof. O. F. Manson, of Richmond, Va., who uses quinine largely in cholera infantum; but while we indorse the quinine for the reasons already stated, we can not believe, as he does, that malaria is the cause of the trouble. It seems to us one fact would make this theory with reference to its cause untenable, and it is that it prevails in all cities, whether malarial or not, and not in ratio to other malarial troubles.

But while we are opposed to local astringents, we believe that ergot would do much good in arresting the congestive stage of the inflammation, and so lessen the number of evacuations, and also show in their improved character that beneficial results had followed its administration.

As to diet, we wish to make a few suggestions. Once we had a little patient that had suffered with cholera infantum, in which from the fever, emaciation, and looseness of the stools colitis was evidently present. When she went to the table she would seem frantic to get hold of roasting-ears. These were allowed, and at once there was marked improvement, and recovery soon took place, though the child had been sick more than three months, and besides, when she did not get the corn she grew worse. These facts have been related to medical brethren, but they were received with smiles of derision or open disapprobation. But in this, as in all diseases, we generally let Nature speak for herself; and had we refused her demands in the case just related, we would have trampled under foot her petition, her rights, and her laws. The day is past for hypotheses, and facts must be our guide.

Then to summarize, we will state that acute cases of the disease being cholera morbus, the

treatment should be urgent. In the slower forms, in which there is inflammation of the mucous lining of the bowels, avoid astringents, except ergot. Quinine, opium, and ergot should be given, separately or combined, alternated with an occasional laxative, as the case seems to demand. For a child two years of age I should prescribe the following:

R Quinine sulph..... gr. viij;
 Opii tinct..... gtt. xij;
 Ergot fl. ext..... ʒ ss;
 Fl. ext. licorice..... ʒ viiss.

Misc. Teaspoonful from three to six hours, according to the emergency of the case.

VERATRUM VIRIDE.

BY C. J. RADEMAKER, M. D.

American hellebore is generally considered by the profession as a powerful vegetable poison, but having never heard of a case of fatal poisoning by this drug, and as I am in the habit of using this medicine a great deal in my practice, I concluded to make a series of experiments with it upon the lower animals, both in regard to its physiological and poisonous properties. American hellebore when given to the lower animals, whether given in the form of a saturated tincture or the alkaloid itself in small doses, produces the following effects: First, a great increase of saliva and flow of tears accompanied with an incessant cough, the animal at the same time dancing around the room. If now the dose is increased, either by the mouth or by hypodermic injection, vomiting sets in rapidly, the pupils become dilated, accompanied by great muscular relaxation, so that the animal is unable to walk; but at no time have I noticed tonic spasms and stiffness of the limbs, even when the drug had been given in enormous doses. Upon the circulation it has a powerful sedative effect; when given in small doses it diminishes the pulse without producing any unpleasant symptoms. But if the medicine is now increased largely, it brings the heart down to about twenty-five beats per minute,

accompanied by all the symptoms given above; but in no instance could I give a small dog enough of (veratria) the alkaloid to kill him.

One small dog I gave ten grains of veratria and then placed him under the influence of chloroform and made a careful vivisection, so that part of the heart was exposed, which I could see and feel beating tumultuously at about twenty or twenty-five beats per minute; but after he came out of the stupor of chloroform he got up and looked about him, apparently thinking that nothing had happened; so I struck him on the head with an axe and killed him.

The stomach of this dog was taken out and found highly injected with blood over the entire mucous surface. The stomach was submitted to analysis and three grains of veratria found; consequently five grains must have been absorbed, allowing two grains for loss, which is large.

From the above it will be seen that veratrum can not be considered a powerful poison. As for narcotic properties, it possesses none; and it can only be classed with the irritant poisons. Of course where given in very large doses it would produce gastro-enteritis and probably death.

Taylor, in his Treatise on Poisons, speaks of the irritant properties of black and white hellebore, but says nothing in regard to veratrum viride. In a case reported by Morgagni (Taylor's Treatise), a half dram of the aqueous extract of black hellebore killed a man aged fifty years in eight hours. The symptoms were pain in the abdomen and vomiting. After death the whole alimentary canal was found inflamed. In one instance twenty grains of the white hellebore caused death in three hours (Taylor's Treatise). Death was preceded by vomiting of bloody mucus and cold sweats. A physician prescribed medicinally one grain of veratria, divided into fifty pills, and three were to be taken at a dose (equivalent to one sixteenth of a grain), which, according to Taylor, came very near killing her. But I have not seen such results with the Ameri-

can hellebore on the lower animals. Medicinally I have not prescribed it in large doses, but I am satisfied that one sixteenth of a grain of veratria will produce no poisonous effects.

THERAPEUTIC USE.

Veratrum viride is an excellent remedy in pneumonia of children, for it can be given in such a way that the child is not aware that it is taking medicine. The form in which I give it to children is the following: R Liq. kali citratis, ʒj; tinct. veratri viridis, gtt. ii to iv or vj, according to the age of the child; a teaspoonful of the mixture to be given every two hours. This dose of course can be increased if necessary, but in a very young child I find one quarter of a drop sufficient to reduce the heart's action. In pneumonia of adults I give four to eight drops of the tincture every two hours until the pulse is reduced. I then order it to be given every four or six hours. The tincture I use is (Norwood's) made by macerating eight ounces of the rhizome to one pint of alcohol. The other treatment, such as poultices, food, and Dover's Powder for pain and rest is not neglected, and complications of any kind are met with proper remedies. In croupous pneumonia I always use quinine in large doses, as recommended by Jurgensen. (See Ziemssen's Practice.)

In scarlatina I have found this an excellent remedy to reduce the pulse, always using it in conjunction with a bath at a temperature of 80° or 85°, and allowing the child to remain in it from one half to three quarters of an hour. This bath I use more for its effect upon the renal organs and skin than the effect it would produce upon the pulse and temperature.

During this last epidemic I treated about ninety cases of scarlet fever, out of which I lost but five. Whether this was owing to my treatment or not I am unable to say, but will leave that to the judgment of the profession.

In dentition of children with high fever and bounding pulse, especially in those phlegmatic children that are so liable to be

taken with cerebral meningitis, the veratrum, in combination with kali bromidum, is the remedy *par excellence*.

In acute rheumatism this remedy is not less efficacious, sufficient quantity being given to reduce the pulse. In this disease it may be given in combination with opium or morphia, which ease pain, while the sedative remedy reduces the excitement. It may also be combined with the alkalies and colchicum, as in the following mixture:

R Kali bicarb..... ʒ iij;
Vin. colchi. sem..... ʒ ss;
Tinct. veratri viridis..... gtt. 60;
Aqua destil..... ʒ vi.

M. ft. sol. Sig. Tablespoonful every two or three hours.

In typhoid and other low forms of fever, and in organic disease of the heart, where it becomes necessary to repress the circulation, the veratrum will be found of great benefit.

In conclusion I would say that veratria may be considered a powerful irritant poison, but at the same time death is not likely to be produced by its action upon the cerebro-spinal system or upon the heart. If death occur after its administration, it is probably the sequence of inflammation of the stomach and bowels.

LOUISVILLE.

Correspondence.

NEW YORK PROFESSORS.

To the Editors of the Medical News:

It is my purpose in a series of letters to give to your readers my impression of some men who materially aid in molding medical thought; and I shall not attempt biographical notices, simply because I have not the time or the inclination to collect the data necessary to such an undertaking.

ALONZO CLARK,

President and Professor of Pathology and Practical Medicine in the College of Physicians and Surgeons, is well known by repu-

tation throughout this country; and I doubt not many a doctor has often wished that he could see the venerable professor and hear him lecture. I can well remember the first lecture I ever heard him deliver. He is one of those men whom you could point out in a crowd and say, "There is a man of some distinction." His build is large, the osseous system well developed. His face is broad, and those portions easily shaven are devoid of beard. The expression is decidedly indicative of firmness and gentleness withal. His presence is commanding, and when he speaks his words are well weighed and distinctly and slowly uttered; the expressions are chosen with grammatical precision; the voice is free from any harshness, while the tone after a while becomes a little monotonous, an anecdote now and then affording the needed relief. Students generally consider him a good lecturer. Hobbies he has, and many expressions pass current among the students as by-words which call up a hobby of Prof. Clark's. For many years he has been regarded as "growing old," and one would judge him now to be about seventy; consequently his younger *confrères* regard him as antiquated on some essential points. His practice is almost exclusively—so I am told—consulting, and, I presume, is very lucrative. He makes no attempt at display either in dress or mode of conveyance. I have seen him out more frequently in the horse-cars than in a carriage. He is one of the visiting physicians to Bellevue Hospital, and president of the medical board; is consulting physician to St. Luke's and St. Mary's free hospitals, and also to the Northern and Northeastern dispensaries.

AUSTIN FLINT, SR.,

Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, is too well known, I fear, in Louisville for me to attempt any description of his personal appearance. Like Prof. Clark, he is of a commanding stature, is well developed, and is altogether a fine-looking old gentleman. His lectures are well attended, all students being

anxious to hear the author of "Flint's Practice." As a didactic lecturer he is prosy, and students along the back rows can frequently be seen napping, napping, napping the hour away. Some who are guilty of this practice say in extenuation that they can get all that he has to say from his book; and I must say that his lectures correspond very closely with the chapters in his "Practice." There is this, however, to offer by way of extenuation for the professor: Either from choice or compulsion he takes the last hour in the day, from four to five; and a student who has attended faithfully throughout the day must be imbued with an all-absorbing love for the profession he has chosen to keep awake in a lecture-room the ventilation of which at times reminds one of that recorded as existing in the Black Hole of Calcutta.

As a clinician, though, Professor Flint is a success. There is such a thoroughness about his examinations, and such a system in bringing out the symptoms, that the intelligent student becomes instantly absorbed. The amphitheater at Bellevue Hospital seats about six hundred, and whenever Professor Flint holds a clinic the seats are nearly all taken. His diagnosis class, besides, is an interesting feature, and has become very popular. A case is given each week to three or four members of the class, and a report is required at the next lecture. This affords an excellent opportunity for cultivating one's powers of observation, and at the same time expressing an opinion in an intelligent manner. The classes in physical diagnosis are usually well filled, though not so well attended as those of Prof. Loomis.

Dr. Flint's practice is very large, and with his hospital attendance, lectures, and book-writing I wonder how he manages to exist. He seems always in a hurry, can devote but little time to callers (in this he shows his wisdom!), and spends his vacations in his study. Professionally he stands pre-eminent. You rarely ever hear aught against him, and his views, as a general rule, are fully up with the times. He is not regarded as an old

man, and is as active as a man of thirty-five years.

ALFRED L. LOOMIS,

Professor of Pathology and Practice of Medicine in the Medical Department of the University of New York, has already won for himself an enviable reputation. I think I can safely say that he is the most popular lecturer in the city. Students grow enthusiastic when his name is mentioned. He is a man of medium stature, weighing about a hundred and seventy pounds; is very lithe and active, and altogether is a very busy individual. With black hair and a keen dark eye, he conveys the impression of being uncommonly astute. As a diagnostician he is regarded by a great many as having no equal. Being a comparatively young man, say about thirty-eight or forty, his views are considered the most recent and the best approved. His lectures seem impromptu, and are well delivered in spite of a somewhat metallic voice. The sentences are well rounded into graceful periods, and are uttered with a degree of earnestness seldom displayed in a medical college. It matters little whether he is delivering a didactic or a clinical lecture, his audience is all attention. While listening to him you are watching intently, and constantly in dread lest you may lose something he is saying.

Those who have heard Prof. L. through two courses of lectures have come to recognize three distinct hobbies. Etiologically he refers nearly all diseases, especially the obscure ones, to *malarial* poisoning, *lead*-poisoning, or *venereal* infection. His therapeutics is very limited; believing, however, very little in combinations, yet pushing drugs to their physiological effects. Among the profession I believe he has more enemies than either Prof. Clark or Prof. Flint. He takes a more active part in politics than the other two, and on this account his unpopularity in certain circles may arise. As an author he is comparatively young, and has not established as yet a claim to much originality.

P. V. M.

NEW YORK, August 19, 1876.

Selections.

CHOICE OF SEDATIVES FOR THE VERY YOUNG.—

Dr. Stokoe (Guy's Hospital Reports for 1876) says: "If we purpose giving a sedative to the very old or very young, we must be cautious, especially in using any of the preparations of opium, as with them they are not only prepotent, but often cumulative in their effects. As a consequence of this for some years past I have trusted almost entirely to sedatives other than opiates in treating children in their first septennate, and I have seen no reason to believe that any want of success has ensued from this exclusiveness. That such a precautionary measure is not altogether uncalled for has been impressed upon me by my experience of the method of medication adopted by the more ignorant (including nurses and nursery-maids), whose frequent habit it is to increase the prescribed dose several-fold, or to repeat it with undue persistence, if it should fall short of the expected effect; with what result may be conceived when two or three minims of laudanum have been ordered for an infant. With potassic bromide and conium for the various morbid conditions incidental to teething; chloroform for administration during the paroxysm of a convulsive attack; chloral for those derangements in which insomnia is the prevailing symptom; aconite for inflammations, fevers, and feverishness generally; belladonna and hyoscyamus for many visceral disorders of a painful or obstinate nature; and combinations of these and other drugs to soothe coughs and the innumerable aches and pains of neuralgic, myalgic, or rheumatic origin—to say nothing of a host of external sedative applications, many of which are very potent—we need be under no apprehension lest we should be incapable of coping with the assaults of disease in children as effectually as we could do with one more weapon in our repertory."

EXTRACT OF MALT.—It is well known that in the process of germinating, barley develops a principle called diastase, which, when brought into contact with starch, under the conditions of warmth and moisture, converts it into glucose. Liebig took advantage of this property when he directed malt-flour to be mixed with wheat-flour in the preparation of his "Food for Infants;" and it is believed that in the preparation called "Extract of Malt" the diastase, although small in proportion, is quite as important an element therapeutically as the saccharine or other constituents. At the last meeting of the American Medical Association, Dr. F. H. Davis, of Illinois, and others spoke of the value it had been to them in their practice, especially in the treatment of chronic phthisis; and in Germany, where malt extracts, simple and ferrated, have for some time been included among

pharmacopoeial preparations, the extract has been extensively employed in conditions attended with imperfect digestion of starchy food and feeble assimilation, and there is little question that it deserves a more extensive use by physicians in this country than it has at present. In addition to the samples which we have already noticed, we have received from the "Trömmner Extract of Malt Company," of Fremont, Ohio, some specimens of their manufacture, which are quite unexceptionable in every respect, so far as we have been able to judge by personal inspection, short of analysis. They are agreeable in taste, uniform in consistence, free from any appearance of being overheated, and in addition to the simple and ferrated extracts are prepared with substances which are intended to modify nutrition. We shall be glad to receive from any of our readers their opinion of the value of any one of these formulas based upon a trial in practice.—*New Remedies.*

CHLOROFORM WITH PRIMIPARÆ.—"To primipare, whose labor is unusually severe and protracted, either from a large fetus, straitened space, or (what is more common) a dry and inelastic condition of the soft tissues, it is my habit to afford modified anesthesia, with the best results so far as comfort, cheerfulness, and capability of endurance are concerned, and without any detriment to the general progress of parturition. My plan in these instances is so to administer the chloroform as to procure to the expectant mother one or more intervals, of about an hour's duration, of tolerably complete respite from pain. In the more moderate inhalations (from ten to fifteen minims) chloroform will often prove of singular service when the dilatation of the os is opposed by its persistent dryness or irritability—this latter condition being not infrequently accompanied by thinness of the margin; but the direct application of belladonna is likely to overcome this obstacle more effectually if time allows of its more tardy action. If, however, the pains should be frequent and violent, and the os undilatable, chloroform is more suitable, as it serves to lessen the injurious irritation arising from the rough impact of the child against the hyperæsthetic structures, and thereby furthers the natural evolution of the uterus. Again, there is a class of cases in which the effects of chloroform-inhalation appear little less than marvelous—viz., when, after a lengthened and wearisome succession of pains under which the os has dilated, the soft structures have become thoroughly relaxed, the head has descended through the brim, and is beginning to press upon a perineum disposed to yield, suddenly and explicable both pains and patient seem worn out, and there ensues an almost total cessation of expulsive efforts. Under these by no means rare circumstances one or two applications of the inhaler, charged with a scruple or so of

chloroform, will revive the flagging powers, light up the pains afresh, and bring the labor to a speedy conclusion.

"In its action in parturition chloral appears to be almost identical with chloroform; but inasmuch as at these times we are called upon to meet contingencies as they arise, and not to provide for what it is not always possible to calculate upon beforehand, I can not but consider that chloroform, although worse than useless in simple, easy confinements, best fulfills all requirements as a stimulant, as a sedative, or an anæsthetic. Both in childhood and in its employment for operative purposes, when time permits, I give a preliminary full dose of opium about an hour before commencing its administration. In so doing I find that less chloroform is required to produce the desired effect, that this effect is prolonged, and (what is of still more importance) the vigor of the heart is better maintained; and since solid opium is more deliberate in its operation, I usually give it in this form. It need scarcely be said that when operative measures, whether by hand or instruments, are required for delivery, full anæsthesia must be induced." *Dr. Stokoe in Guy's Hospital Reports.*

TREATMENT OF PERITONITIS.—"In peritonitis we have the customary accompaniments of inflammation; *e. g.*, undue waste of tissue, high temperature, accelerated circulation and respiration, with more than the ordinary disturbance of the sympathetic expressed by the extreme arterial tension (wiry pulse), and proneness to death from asthenia. It is unnecessary to recapitulate all the services we may expect to be rendered by our neurotics under such conditions; suffice it to say, that the pyrexia is fairly met by aconite, although its specific action is not so marked as in pneumonia, and its depressing effects on the heart require watchful care; and that belladonna best fulfills its especial rôle when it is freely applied, in the form of the extract diluted, over the whole abdominal surface. But it is to opium we give the ascendancy in the treatment of peritonitis, as it responds with singular completeness to the indications of the disease. Thus it imposes rest, both mechanical and physiological, on the whole intestinal tract; it eases pain to an extent that nothing else can approach; it lessens arterial tension; it sustains the strength generally, and especially invigorates the heart. These various salutary effects are best produced by small doses (from half a grain to a grain) of solid opium, repeated more or less frequently according to the amount of pain or depression present. Sometimes I have given half a grain every half hour during the greater part of twenty-four hours; and it will be found that the tolerance of this drug is very remarkable in this complaint; but if we push it to the extent of narcotism, we lose its sustaining power, as depressing re-

action inevitably follows. In the more acute attacks it is necessary to persist in the employment of opium long after the pain and feverishness have become mitigated; and it is advisable to leave the bowels to resume their functions naturally, even if two or three weeks elapse without any action. I have more than once known serious mischief occasioned by too great eagerness to procure evacuation, but never any harm from delay."—*Ibid.*

INJECTIONS OF IRON IN POST-PARTUM HEMORRHAGE.—In nine cases of post-partum hemorrhage mentioned in the Fifth Report of the Guy's Hospital Lying-in Charity a solution of perchloride of iron was injected into the uterus; but this measure was never adopted until the effect had first been tried of introducing the hand into the uterus, clearing out clots, and compressing it between the internal hand and the other hand applied externally to the abdomen. In all instances the iron injection stopped the bleeding, but in two the patients sank from the effects of the hemorrhage about an hour after, and one woman died from septicemia on the twenty-sixth day. Besides the cases recorded under the present heading there were two fatal cases of placenta prævia and one of accidental hemorrhage, in which post-partum hemorrhage also occurred. In these three cases the injection was used when the patients were already in desperate condition, but did not avert the fatal result. In none of the twelve cases in which it was employed did the injection appear to have itself contributed to a fatal issue, but in three of the patients who recovered there were transient febrile symptoms on the second or third day after its use. In three instances the solution used had the strength of one part of the liquor ferri perchloridi fortior to two or three parts of water, but in all the others it was more dilute.—*Guy's Hospital Reports.*

PLACENTA PRÆVIA.—Forty-one cases of placenta prævia are recorded in the Fifth Report of the Guy's Hospital Lying-in Charity, being 6.17 per cent of the whole number of confinements. In six of the cases the partially dilated os, when the patient was first seen, was found completely covered by placenta; in twenty-five it was incompletely covered; and in the remaining ten it is not stated how far the placenta was spread over the os. No certain conclusion can, of course, be drawn from this as to the exact relative position of the placenta before dilatation of the internal os commenced. In some instances, in which only a small portion of the os was covered by placenta, and the hemorrhage was not excessive, the treatment adopted was that of rupturing the membranes and administering ergot; but in most cases in which any considerable bleeding had occurred the old-fashioned mode of treatment has still been fol-

lowed—namely, to perform version as soon as the os is sufficiently dilated to allow this to be done without the use of force. It was in almost all cases effected by the bipolar method, without the introduction of the hand into the uterus. If the os was undilatable when the patient was first seen, the plan adopted was to plug the vagina, or recently, by preference, to plug the cervix with a dilating-bag. Advantage has also been found from the expedient of separating the placenta by the finger from the cervical zone of the uterus.

One very remarkable case occurred in which the placenta was found to occupy three fourths of the area of the fully dilated os, but no hemorrhage whatever had taken place. In this instance the conjugate diameter of the pelvis was contracted, and a living child was delivered by version. There was another instance also in which a portion of the placenta presented, and no hemorrhage had occurred. The funis was prolapsed, and delivery was effected by forceps, but the child was not saved.

Version was performed in twenty-four out of the forty-one cases. Six of the mothers died; four from the direct effect of hemorrhage, two at a later stage from exhaustion or septicemia. In two of the fatal cases the whole placenta had been separated and expelled spontaneously before the birth of the child, and death took place from hemorrhage; in three version had been performed; in one case the treatment is not stated. Of the children, ten were living; thirty-one were still-born.—*Guy's Hospital Reports.*

BORACIC ACID AS AN ORDINARY DRESSING FOR WOUNDS.—Leonard Cane, M. D. (*Lancet*), says however great the advantages of Mr. Lister's method of dressing wounds, it is undoubtedly felt by the great majority of surgeons—especially those engaged in private practice, and whose time is often limited—that the details and the time required for their proper performance *practically* prevent its use in all ordinary cases. The preparations of boracic acid have now been rather extensively tried by him for some months, and in all the cases in which they have been used the results have been good, and decidedly better than under the ordinary methods of dressing. The most convenient forms for use are the boracic (boric) lint and cotton wool, a concentrated watery solution of the acid, and boracic ointment. Boracic lint is prepared by soaking lint in a saturated *boiling* solution of the acid. On drying the lint a copious deposit of fine flaky crystals takes place between its fibers. Cotton wool may be similarly served, and when dried and carefully picked out forms a very useful dressing. The concentrated solution is made by dissolving the acid in boiling water to saturation. The ointment is made by rubbing down one dram of the acid with one ounce of simple ointment or benzoated

lard. Boracic acid, unlike most antiseptic agents, is bland and unirritating; and while its non-volatility renders it less useful in some cases than carbolic acid, its great superiority to this and to the chloride of zinc resides in its unirritating nature. The boracic lint is best used as a dry dressing, and for recent wounds where simplicity is desired it has no equal. A pad of lint applied immediately over the wound, and kept in place by pieces of strapping, is all that is required, and union by first intention is a common result.

RUPTURE OF UTERUS OR VAGINA.—Seven cases of this accident occurred, or one in 3,371 deliveries. In two of them the pains were feeble from the first; in the other five they had been vigorous. In one of the latter an arm was presenting; the other six occurred in vertex presentation. The rent was between uterus and vagina in three cases, in all of which the pains had been powerful; in the front of the uterus in two cases, and at the side in two. In the last four cases the direction was longitudinal. Cæsarian section was performed after death in one case, but the child was not saved. The child was delivered after the occurrence of the rupture by the forceps in four cases, by version in one, and by version followed by craniotomy in one. All the patients died, but one of them lived as long as four days after delivery.—*Fifth Report of Guy's Hospital Lying-in Charity.*

TRANSFUSION IN POST-PARTUM HEMORRHAGE.—There is no successful instance of transfusion recorded. An Aveling's apparatus has only been provided for the last year, and thus there has generally been no instrument ready on the spot, and the operation has only been commenced when the patient was already moribund. Moreover, it has not generally been found possible to obtain a donor of blood, and it has been necessary to use a saline solution. The operation has been performed in five cases, including two of placenta prævia. In two a temporary benefit was observed after the injection of a saline solution. In one instance immediate transfusion was commenced with Aveling's apparatus, but it was interrupted by the formation of a clot in the syringe. In another case a portion of the blood lost by the patient was strained and transfused by means of Aveling's syringe. In this case also a clot formed in the vein and extended into the tube of the syringe.—*Ibid.*

MILK AS A VEHICLE FOR BROMIDE OF POTASSIUM.—Dr. A. K. Minich writes to the Philadelphia Medical Times that a patient suffering from alcoholism stoutly refused to take bromide of potassium or any other "confounded medicine." Twenty grains were dissolved in a glass of milk, which he drank readily. "Since then," says Dr. Minich, "I find that

twenty grains are entirely disguised by one ounce of milk. I have also found milk a very useful liquid to 'wash down' salicylic-acid wafers. It has always in my hands prevented the burning in the stomach which is so often produced when the acid is given in large and oft-repeated doses."

POWDER FOR PRODUCING OZONE.—In order to produce artificial ozone, Mr. Lender makes use of equal parts of peroxide of manganese, permanganate of potassium, and oxalic acid. When this mixture is placed in contact with water, ozone is quickly generated. For a room of medium size, two spoonfuls of this powder placed on a dish and occasionally diluted with water would be sufficient. The ozone develops itself; it disinfects the surrounding air without producing cough.—*Medical Press and Circular.*

ALUM, TANNIN, AND OXIDE OF ZINC IN STICKS.—When these substances are to be carried into the neck or body of the uterus they are liable to break and become troublesome. It has been attempted to incorporate them with glycerine, but unsuccessfully. Mr. Duquesnel is using gutta-percha, which he mixes with the medicinal substances by means of heat. While the combination is still hot it is rolled into cylinders a few lines thick, which harden on cooling. It remains to be proved that the astringent effects are not hindered by the gutta-percha.—*New Remedies.*

A SENSIBLE PRECAUTION.—When lunar caustic is used in the oral cavity, and toward the tonsils and larynx, fears may be entertained that the stick may break and cause dangerous symptoms. To make such an unpleasant accident impossible, Dr. Mettenkeimer places the caustic in a little bag of gauze, through the meshes of which the former acts completely, the escape of the stick being effectually prevented. Of course the gauze should be changed at each cauterization, as the meshes are liable to get obstructed by moisture, and even to be destroyed by the caustic.—*Lancet.*

CHLORAL PLASTER FOR NEURALGIA, ETC.—Use the ordinary emplastrum roborans, and powder it with the chloral. Apply the plaster to the affected part, and leave it from twenty-four to forty-eight hours. When taken off the skin is found studded with vesicles; these are to be pricked with a pin, followed by a dressing with simple ointment.—*Med. and Surg. Reporter.*

ADMINISTRATION OF CROTON OIL.—M. Robert advises a drop to be placed on a lump of sugar, the latter to be triturated and divided into several parts. Let one part be given every hour in some almond emulsion when the patient, from some injury to the head, swallows with difficulty.—*Ibid.*

Miscellany.

DR. ROBERTS ON SPONTANEOUS GENERATION.—Dr. William Roberts, of Owens College, Manchester, whose experiments were quoted by Dr. Bastian in a recent communication, as favoring the doctrine of the spontaneous generation of bacteria, contradicts this interpretation of the results of his investigations. "On the contrary," writes Dr. Roberts, "the weight of my experiments is entirely against him (Bastian) and in favor of Pasteur's conclusions. It appears to me," he adds, "that the attitude of Dr. Bastian on the question of the origin of bacteria arises from what I may call the inverted significance which he attaches to the two contrasted results—barrenness or fertility—which follow after boiling an organic infusion. Throughout the controversy Dr. Bastian speaks of the barren tubes and flasks as 'failures,' or 'negative results;' and he evidently regards the fertile tubes and flasks as 'successful' experiments, having the force and authority of 'positive' results. The true view is just the reverse of this: it is the barren flask that has the character of a positive result. For what does the experimenter set himself to do in these experiments? He seeks to destroy by boiling all pre-existing bacteria in these infusions, and to leave unimpaired their powers of promoting the growth of bacteria. And it is found, in fact, that this latter quality is perfectly preserved in boiled infusions; for they breed bacteria with the utmost luxuriance when they are reinfected from an extraneous source. . . . When I take up one of the flasks or bulbs which have remained barren in my chamber for three or four years, though supplied with air (filtered through cotton-wool) and suitable heat, my wonder never ceases. Each one is a new experiment, every day repeated and multiplied indefinitely; day after day I ask myself, 'Why does it not germinate?' I compare it to a field in spring not yet sown, but ready for the reception of the seed; for if

I withdraw the plug of cotton-wool and admit the dust of the air, or introduce a drop of water, all is changed, and in a few hours the stillness of years gives place to life and activity. I repeat, it is the fertile flask, and not the barren flask, that wears the complexion of a failure and of a negative result."—*Popular Science Monthly*.

BIG MOUTHS.—In the Dental Cosmos for June, B. H. Teague, of South Carolina, reported a mouth which had come beneath his observation, one and three-quarter inches from front to back and two and three-quarter inches across. He wished to know if it could be beat. Judging from what his correspondents say in reply his specimen was quite ordinary. Several states put in a bid for larger openings. California is ahead in the matter of mere mouths, reporting one three inches by three and a half inches; but, taking all surroundings into question, Ohio fairly carries off the palm, as witness the following report from C. E. Ruhl, Findlay, Ohio: "I have in my possession the cast of a man's mouth (superior) which measures from front to rear two and one eighth inches and three inches across. This man is small in stature, weighing about one hundred and fifty pounds, is 'white,' is the father of twenty-three children, has his third wife, and is wearing a full upper set (fourteen teeth), but has room for more."

THE cruelty-to-animals bill, now under consideration in the British Parliament, provides that vivisection should only be performed with a view to the advancement of human knowledge, the prolongation of human life, or the alleviation of human suffering; that it must take place in a registered laboratory; that it must be performed by a person duly licensed; that the animals must be put under the influence of anæsthetics; and that, where pain would be prolonged after the anæsthetic effects had subsided, the animals should be killed. — *Popular Science Monthly*.

MEDICATION OF INFANTS THROUGH MOTHER'S MILK.—From experiments made by Dr. Lewald it appears that sundry medicines are most advantageously introduced into the system of an infant through the mother's milk. Thus of iron a larger quantity can be administered to the infant in this way than by any other means. Bismuth, however, is eliminated in the milk only in very small quantity. Iodine does not appear in the milk until ninety-six hours after taking it; iodide of potassium appears four hours after ingestion, and continues to be eliminated for eleven days. Arsenic appears in the milk at the end of seventeen hours, and continues for at least forty hours. Oxide of zinc, though one of the most insoluble preparations, is eliminated by the milk; it disappears sooner than iron. The elimination of antimony is an undeniable fact, and it is well to bear this in mind during the period of nursing. The same holds true in regard to mercurial preparations. That alcohol and narcotics are eliminated by the milk has not been demonstrated. Sulphate of quinine is eliminated very easily, and a child suffering from intermittent fever was cured by administering quinine to the nurse.—*Popular Science Monthly*.

DR. J. M. TONER, of Washington, D. C., has offered the profession of Pittsburgh to donate them a library of medical and scientific works of the value of \$20,000, imposing, however, two conditions: first, he asks that a fire-proof building be erected for the library; and second, that it be called by his name. He agrees to donate further a sum sufficient to secure to the library an annual lecture on medical and scientific subjects.—*Medical and Surgical Reporter*.

MARRIAGE.—In Pottstown, Penn., on the 20th of July, at the residence of Maj. Griffith Jones, by Rev. Byron McGann, Dr. J. B. McBride, of Bridgeton, N. J., and Miss Minnie, daughter of Lee Chambers, Esq., of Louisville, Ky.

ANTIDOTES FOR MUSHROOM-POISONING.—The poisonous principle in mushrooms is muscarina. In a recent lecture Prof. Schiff illustrated the antagonistic action that exists between muscarina and some of the solanaceæ, like belladonna and stramonium, with their alkaloids, atropine and daturine, and proved, from experiments on rabbits, that the fungous poison may be promptly and efficaciously counteracted, by daturine particularly. Italian apothecaries now keep that alkaloid in the rural districts, where the consumption of edible fungi is apt to occur, and there is no saying how soon such frequent mistakes may cease to have a fatal or even dangerous result.—*Medical and Surgical Reporter*.

In their last report the Commissioners in Lunacy in England discourage the practice, which has grown to be quite general, of filling up the asylums with idiots, imbeciles, and eccentric or troublesome paupers, to the exclusion of the really insane, who need and are entitled to the skill, care, and attention that asylums are intended to afford.—*Popular Science Monthly*.

FROM experiments made by Scolosuboff it appears that dogs can absorb with impunity about sixteen times as much arsenic (in proportion to their weight) as would kill a human being.

DR. W. B. RICHARDSON attributes the high vitality of Jews, as shown in statistics, to their strict observance of certain sanitary laws respecting diet, cleanliness, and abstinence from strong drink.—*Popular Science Monthly*.

DO N'T MENTION IT.—The Peninsular Journal of Medicine for August requests delinquent subscribers to pay up.

COD-LIVER OIL.—One and a quarter million gallons of cod-liver oil have been made in Newfoundland this season.